

## PAYMENT CODES AND RATES

The Medicaid-reimbursed services that adult care homes provide, the applicable revenue and HCPCS codes for billing, and the current rates paid for each date of service (DOS) are:

Description	Rev. Code	HCPCS Code (Eff. 1/1/2000)	Daily Rate (Eff. 1/1/2000)
Basic ACH/PC (Licensed Beds 1-30)*	599	<b>W8251</b>	<b>\$11.67</b>
Basic ACH/PC (Licensed Beds 31 and above)	599	<b>W8258</b>	<b>\$12.95</b>
Therapeutic Leave (TL) (Licensed Beds 1-30)*	183	<b>W8251</b>	<b>\$11.67</b>
Therapeutic Leave (TL) (Licensed Beds 31 and above)	183	<b>W8258</b>	<b>\$12.95</b>
Enhanced ACH/PC (Eating)	599	<b>W8256</b>	<b>\$9.21</b>
Enhanced ACH/PC (Toileting)	599	<b>W8257</b>	<b>\$3.28</b>
Enhanced ACH/PC (Eating & Toileting)	599	<b>W8259</b>	<b>\$12.49</b>
Enhanced ACH/PC (Ambulation/Locomotion)	599	<b>W8255</b>	<b>\$2.35</b>

\* The HCPCS code for Basic ACH/PC and Therapeutic Leave (for licensed beds 1-30) has not changed.

The transportation rate (RC 229, \$.55, effective 10/1/99) remains unchanged.

### Notes to Rate Table:

- (1) Payments for therapeutic leave days for a Medicaid recipient are limited to a maximum of 60 dates of service (DOS) per calendar year. This total includes all paid TL claims from both adult care home providers and nursing facilities. Prior approval from EDS' Prior Approval Unit is required for submitting a claim for more than 15 consecutive days of TL.
- (2) Authorization from an ACH/CMS case manager is required prior to billing an Enhanced ACH/PC rate for a Medicaid recipient.

*Rates are subject to annual review.*

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